
One Heart World-Wide: Featured (2013), Sustained (2015-2017)



2013 Featured Grant Info

Project Title: One Heart World-Wide

Location: Nepal

Grant Amount: \$50,000

Grantee Website: www.oneheartworld-wide.org

Areas of Impact: Health

Mission of One Heart World-Wide: Featured (2013), Sustained (2015-2017)

One Heart World-Wide's mission is to decrease maternal and newborn mortality and morbidity in remote rural areas of the world.

Project Summary

One Heart World-Wide is creating a "Network of Safety" to improve the lives of women and newborns during pregnancy and childbirth in two remote rural areas of Western Nepal. The Network of Safety includes health provider training, health facility improvements, and community outreach programs to ensure that pregnant women and their newborns have access to necessary care. This successful program provides community educational visits, vitamin supplements, birthing kits, and cell phones for emergency labor situations. DFW's grant of \$50,000 will continue the Network of Safety program by helping to fund four master trainers' salaries and benefits for one year, training expenses and supplies for 800 trainees, and 2,000 birthing kits which include gloves, plastic sheeting, razor blade, string, soap.

Why We Love This Project

We love this program because childbirth in remote areas is life threatening to both the baby and the mother. One Heart World-Wide's Network of Safety program has already saved thousands of mothers' and babies' lives in Tibet, partially through DFW's three previous grants, totaling \$31,712 over three years. In Nepal's Baglung District, fewer than 19 percent of all births take place with the assistance of a skilled birth attendant and that falls to fewer than 5 percent in Dolpa District. We love the community-focused approach, fostering community empowerment and engagement of paid and volunteer health workers.

Video





In the districts of Baglung and Dolpa, an average 11,000 births occur annually.

In Nepal, 90 percent of pregnant women deliver their babies at home. The poorest families have no access to prenatal care or any Skilled Birth Attendant (SBA) to help them through the delivery.

Every day 12 Nepali women die in childbirth, nearly half of them needlessly bleeding to death. And even when a new mother does survive, odds are that her baby will not. Every day, 75 Nepali infants take their final breath, most of them less than a day after birth.

“Every mother deserves a baby to cradle, not a tiny body to bury.”

The mission of One Heart World-Wide is to improve the health and wellbeing of pregnant women and newborns who may not otherwise have access to medical or public health services due to cultural barriers, limited personal resources and living in remote locations.

One Heart recognizes that in order to make a lasting impact, all of its programs must be sustainable, culturally relevant and build the capacity of local people to prevent pregnancy and childbirth-related deaths not only for this generation, but also for those to come.

One Heart has created the Network of Safety program to improve the lives of women and newborns during pregnancy and childbirth in two remote rural areas of Western Nepal.

The program includes health provider training, health education, birthing related materials and community outreach programs to ensure that pregnant women and their newborns have access to necessary care to survive pregnancy and delivery. This proven, successful program provides community educational visits, vitamin supplements, birthing kits, and cell phones for emergency labor situations.

DFW's \$50,000 grant to One Heart will continue the Network of Safety program by funding training for 800 women as Community Health Workers who will each reach an average of 10 pregnant women annually. The grant also covers the cost of 2,000 birthing kits. More than 7,750 women will be directly affected and indirectly another 39,000 may be reached (the number of women of reproductive age that should be impacted through increased awareness and education through their community outreach providers, peers and community members).

Life Challenges of the Women Served

In this beautiful and remote area of Nepal women have many challenges, as they do in the rest of the developing world. While cities have modern hospitals and birthing facilities, in Baglung and Dolpa districts most deliveries are home births accompanied by local women, usually untrained. Most women have no pregnancy-related contact with modern health services and maternity services are both under-utilized and low in

quality.

Traditions and cultural beliefs can also impact the birthing process in these rural regions. Birthing centers are rarely an option for most women. Considered unclean because of the blood and mess, birthing is typically not allowed in the house. The same is true of menstruation, when women must move into a shed for the duration of their cycles.

Therefore, births may take place under dark, unsanitary conditions. Community members without formal training who often assist in births can unwittingly cause harm due to a lack of education on safe birthing practices or warning signs of complications.

It is also believed the naming ceremony, which may be days following the birth, brings milk to the mother's breasts. The importance of the naming ceremony challenges the health of mother and child because mothers do not breastfeed their babies until after the ceremony. As a result of such practices, maternal and newborn mortality is high.

The Project

In Tibet, One Heart developed an effective, replicable and sustainable model to reduce preventable deaths related to pregnancy and delivery among vulnerable rural populations. The programs work with local communities and local health providers to develop a culturally appropriate Network of Safety around mothers and infants, by raising awareness, teaching good practices and distributing essential supplies to ensure that mothers and infants survive delivery and the first months of life. The Network of Safety is innovative in that it is tailored to the local cultural context, it puts the mother first and program interventions are aimed simultaneously at several different levels to ensure appropriate continuity of care for the mothers and infants.

Program Goal – The goal of the program in Nepal is to implement the Network of Safety to surround mothers and their newborns in both Baglung and Dolpa Districts.

The Network of Safety includes training of outreach health providers in local communities; training skilled birth attendants at the health-post level, and training of hospital staff at the referral center level.

Health training of outreach providers – One Heart master trainers will conduct three training sessions monthly for one year, for Female Community Health Workers (FCHW) to become One Heart outreach providers (One Heart calls them “foot soldiers”). Each session includes 10-15 trainees and be led by two master trainers. Each outreach provider will be expected to attend two to three training sessions to ensure proper training coverage.

The focus of the training is on enabling the health providers to effectively handle:

- Health during pregnancy and birthing – outreach provider will learn about a large variety of important maternal and newborn health topics to make them more aware of potential dangers to mothers and newborns.
- Hands-on skills for emergency home births that can make home birthing safer for mothers and newborns.
- Distribution of pregnancy and birthing supplies including cell phones for emergencies, maternal supplements and Safe Birth Kits for distribution to the pregnant women they are serving.
- Effective community outreach skills including the use of appropriate training aids, teaching skills and techniques.
- Accurate data collection (for program evaluation).

Each trainee receives a backpack containing basic outreach, medical and birth supplies including maternal vitamins, Safe Birth Kits and educational materials. The skills to manage and distribute the supplies are taught in the training program.

Community outreach – Outreach providers will be expected to use the knowledge and skills they have acquired to help pregnant women and families who live in their area.

They are expected to identify pregnant women and make four home visits at prescribed intervals during the course of the pregnancy, both to monitor the pregnancy and to provide safe pregnancy and birth training to the pregnant woman and her family members. The final visit is to be made soon after delivery to check on the progress of

mother and infant and be able to intervene if problems exist.

Local Collaboration – One Heart collaborates with two local NGOs (SWAN in Baglung District and Dharma Karma Society in Dolpa District) which help implement the Network of Safety locally based on Memoranda of Understanding. One Heart provides the technical expertise and the partner organizations facilitate the field implementation of training sessions.

Program assessment/evaluation – Trained outreach providers gather and record information regarding the women they reach and report back to One Heart. Field personnel maintain detailed records on program processes and outcomes under the supervision of two public health experts in the US.

The Project Budget and How DFW's Donations will be used

One Heart World-Wide Network of Safety DFW Budget	Expense
Program staff (four full-time master trainers for 12 months)	\$25,220
Training and travel costs – food, lodging and transportation for 800 trainees	\$20,000
Equipment and supplies – training supplies (demonstration models and printed materials) and the purchase of 2,000 birth kits	\$ 4,780
Program Total	\$50,000

Please note: Net donations over the grant amount will be reserved to ensure we fund in full all future selected program grant requests, provide Sustained Program Funding to former DFW featured programs, and to offer up to \$30,000 to an organization selected by member voting through the new Member Choice Program.

Why We Love This Project

We love this program because childbirth in remote areas is life threatening to both the baby and the mother, and One Heart World-Wide's Network of Safety program has already saved the lives of thousands of mothers and their newborns in Tibet, partially through DFW's three previous grants, totaling \$31,712 over three years. In Nepal's Baglung District, less than 19 percent of all births take place with the assistance of a skilled birth attendant and less than five percent in Dolpa District. We love the community-focused approach, fostering community empowerment and engagement of paid and volunteer health workers.

Evidence of Success

The Network of Safety program was implemented first in Nepal in the Baglung district in 2010. The year the program started, there were 7,771 births, 31 maternal deaths, and 301 infant deaths providing a maternal mortality rate of 399/100,000 live births and a neonatal mortality rate of 39/1,000. During the second year, the maternal mortality rate dropped to 360/100,000 and the neonatal mortality rate to 37/1,000. By the third year of the project, the maternal mortality rate had dropped to 187/100,000 live births and the neonatal mortality rate to 21/1,000 live births.

Over the short term, the program improved knowledge, attitudes and skills related to maternal and neonatal health care. Over the medium term, more women sought appropriate maternal health care, more health care workers appropriately referred and managed obstetric and neonatal emergencies and the relationship between government and the community improved as families realized the benefits government health facilities could provide. In the long term, the result is decreased mortality of mothers and infants.

Voices

• "I have two babies. I delivered the first baby at home and there was nobody to help me. I was scared and had prolonged labour. But FCHVs took me into the birthing center for the second delivery, and the baby was born in the birthing center with the help of an

SBA. I was comfortable and felt safe at birthing center.” Shova Darvi, 26

- “After receiving training from One Heart’s Master trainer, I was able to save a baby daughter of Sapana Chhetri, by doing mouth-to-mouth resuscitation and baby was referred to hospital. The baby survived and is doing well.” Bhima Devi Sharama (FCHV)
- “I was able to manage shoulder dystopia when a woman was in prolonged labor and the referral hospital was too far and it was not possible to send her at last moment. The baby survived and I feel that I am able to save a life.” Kalpana Sapkota (SBA)
- “It’s not uncommon for babies to die from basic things like not cleaning their mouth out to breathe. In surveys we’ve done, more than 50 percent of babies that died were born alive. This is due to lack of education.” Arlene Samen (Founder – One Heart World-Wide)

“It is women who give life; women should not die giving life.” White Ribbon Alliance

About the Organization

Founded in 1998 by Arlene Samen, the organization works with disadvantaged communities to raise awareness and teach safe birth practices. In the ten years that One Heart was active in Tibet, the number of women who died in childbirth annually dropped from 33 to zero in the counties where One Heart was active.

Samen was inspired to go to Tibet to help save women and newborns by the Dalai Lama in 1997. The Clinton Global Initiative has recognized Arlene for her work with women and newborns in developing countries. She has also been named a CNN Hero. [Watch her TEDex Talk](#)

One Heart manages close to \$1 million in donations to support maternal-child health programs in China, Mexico and Nepal.

Where They Work

The Network of Safety project funded by DFW is located in Western Nepal in the districts of Baglung and Dolpa. The population of these districts consists of nearly 400,000 people living primarily in rural communities in the foothills of the Himalayas.

Dolpa is an extremely remote and rural area bordering Tibet. The nearest road is ten days walking distance and there are no regular flight connections. It is one of the least developed areas in the world, where people lack access to basic health services, infrastructure, education and electricity, mostly due to the difficult terrain, with elevations up to 25,000 feet.

A large portion of the district is protected by Shey Phoksundo National Park. (The name is derived from the 12th century Shey Monastery and the deepest lake in Nepal, the Phoksundo Lake, both of which lie in the district.) According to Wikipedia, this district, despite being the largest in area in the nation, had only one vehicle as of November 2012 and no road links to other districts.

The east and south of Dolpa are surrounded by the mountain ranges. Trekking to Lower Dolpa offers a remarkable and breathtaking experience of a lifetime. The notable features seen here are snowy peaks, ancient and remote villages, rich wildlife, lovely Buddhist monasteries and wonderful lakes. The people of this area are simple and warm-hearted with an enthralling culture and traditions. The cultural traditions of this area are basically linked with the Tibetan culture.

Baglung district is smaller, with an area of 390 square miles, but more populous with 268,613 people housed in 59 Village Development Committees and one Municipality. It is known as the district of suspension bridges because of its many rivers and bridges. It is a hilly district with most of the population settled on the sides of the rivers. Fertile plains situated on either side of the rivers are used for farming. The district is rich in herbal medicine plants. Rice, corn, millet, wheat and potato are the major crops. Raw roads connect the villages, and only a small part of the district is electrified. Recently, telephone has been accessible in almost all villages according to Wikipedia.

Reflective of all of Nepal, Baglung and Dolpa are diverse in religion, culture, ethnicity, altitude and temperature. Hinduism and Buddhism are the major religions.

Source Materials

One Heart World-Wide [Website](#)

Documentation and images provided by One Heart World-Wide to Dining for Women

Samen, Arlene, "Saving the Lives of Mothers and Newborns in Remote Areas of Nepal" [TheHuffingtonPost.com](#), 4/20/12

[White Ribbon Alliance for Safe Motherhood](#)

"Birth in Nepal" video, Al Jazeera English, March 5, 2010

"They Would Rather Die than Get Help"

NPR News – [One Heart Founder Recognized by Clinton Global Initiative](#)

Politics / Economy / History / Geography: [Wikipedia](#)



One Heart
WORLD-WIDE

Dining for Women

One Heart World-Wide's Mission

To decrease maternal and neonatal mortality in remote, rural areas



In 1997, Arlene Samen had a life-changing encounter with His Holiness, the Dalai Lama, during which he asked her to help the many women and infants who were dying in childbirth.

History



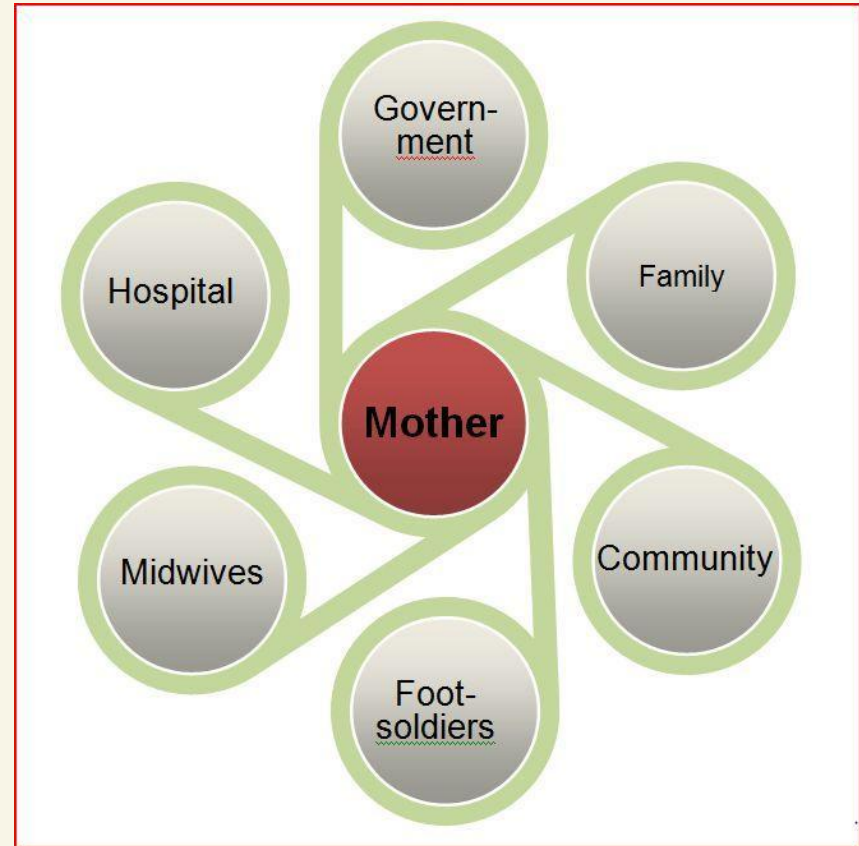
- 1998 One Heart begins surveys in Tibet
- 2002 One Heart opens it's first office in Tibet
- 2004 One registers as a non-profit
- 2006 Programs expanded to second county in Lhasa
- 2008 Tibetan Health Bureau reports no maternal deaths and newborn deaths decreased from 10-3%
- In 2010 One HEART Tibet becomes One Heart World-Wide and the Network of Safety is implemented in Mexico and Nepal



**The population served in Nepal amounts to 380,000
with about 11,000 pregnancies per year**

Network of safety

- Effective, replicable, adaptable, and ultimately sustainable model
- Continuum of Care from the beginning of pregnancy through the newborn period
- Network operates at all levels from the mother's home to the referral hospital



Program Objectives

- Train medical providers at different levels (from the health posts to the referral hospitals)
- Upgrade health facilities in remote regions to function as certified birthing centers
- Train Community Health Volunteers as community outreach providers



Community Outreach

Community Health Volunteers are trained in:

- Infection Prevention
- Birth Preparedness Program (delivery plans)
- Community-Based Newborn Care Package
- Community planning for emergency evacuations
- Basic health during pregnancy and delivery
- Effective outreach through the use of teaching aides and distribution of essential resources



Health Facility Improvements

- Upgrading first level of care health posts into birthing centers
(equipment and basic structural improvements)
- Training Skilled Birth Attendants
- Upgrading referral hospitals/clinics
(equipment)
- Training of referral hospital/clinic staff



**Dho Tarap Birthing Center,
upgraded and certified in
2012**



Partnerships

- Strong government partnerships despite often challenging political climates, to create a sustainable model of intervention
- Partnerships with other NGOs facilitate field implementation of our programs (for example cost-sharing for transport, reduced costs of equipment purchase)
- Technical partnerships for program improvement include Medic Mobile, D-Rev, Karuna Shechen, Embrace, We Care Solar

Impact

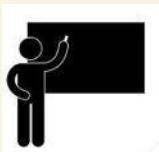
- **Short Term**
 - Improved knowledge, attitudes and skills related to maternal and neonatal health (MNH) care
- **Medium Term**
 - Appropriate care seeking behavior at the community level
 - Improved prevention services
 - Appropriate referral and case management of obstetric and neonatal emergencies
 - Improved management of maternal and neonatal conditions & emergencies
 - Improved relationship between government & communities
- **Long Term**
 - Decreased maternal and neonatal mortality

Impact Indicators

- **Short-term impact:**
 - Increase in the number of women receiving appropriate prenatal care (at least 4 visits prenatally and one post-natal)
 - Increase in the number of deliveries with a skilled birth attendant
 - Increase in the number of deliveries in a health facility
- **Long-term impact:**
 - Decrease in maternal and neonatal mortality

Accomplishments in Nepal

14



Master Trainers
trained

5



Health posts renovated and
equipped with equipment
and supplies to meet
standards to be certified as
official birthing centers

6



Skilled Birthing
Attendants trained

557



Female
Community Health
Volunteers trained

293



Front-line health
workers trained



Increase in health facility
deliveries



Increase in women
receiving appropriate
prenatal care



Increase in attendance
of a skilled provider at
deliveries

Dolpa

1% → 10%

25% → 48%

Baglung

Dolpa

0% → 21%

40% → 82%

Baglung

Dolpa

3% → 10%

20% → 70%

Baglung

Long-term Impact in Baglung District

Baglung	2010	2011	2012
# Births	7,771	8,336	6,942
# Maternal Deaths	31	30	13
MMR	399/100,000 live births	360/100,000 live births	187/100,000 live births
# Neonatal Deaths	301	307	147
NMR	39/1,000 live births	37/1,000 live births	21/1,000 live births

This is the first district in which we started program implementation in Nepal and we are now able to measure long-term impact

Dining for Women Support

- Will allow for the training of 800 community outreach providers
 - Including transportation, lodging, meals, and training materials
- Will empower the community outreach providers by strengthening their knowledge of maternal and neonatal care and enabling them to impart this knowledge on their peers
- Will cover the cost of 2,000 clean birth kits to be delivered to expectant mothers

UN Millennium Development Goals

We address UN Millennium Goals **four** and **five** of decreasing child mortality and improving maternal health



Our Future Trajectory

- Continue to develop partnerships for better program implementation
- Expanded program into new districts (at least three in Nepal for the next three years)
- Integration of supplemental projects into main model (Nutrition study, Medic Mobile, POP program)



2013 - Dhading, hill region

Thank You for Your Support



Theme: *Helping Mothers Bear Healthy Babies*

“There's no tragedy in life like the death of a child. Things never get back to the way they were.”

Dwight David Eisenhower
President of the United States
1953-1961

For far too many families in the developing world, what should be the joyous celebration of new life becomes instead a time of mourning. Husbands lose wives, children lose mothers, mothers and fathers lose a child. Death as a result of pregnancy and childbirth is far too common for both mother and newborn.

The loss of the mother is especially devastating. In addition to the emotional impact on the family, her death means that someone must take over the myriad of tasks for which she is responsible — hauling water, collecting firewood, working in the fields, cooking, cleaning and more. Often her young daughters are withdrawn from school to work in her place.

“Every year, more than one million children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to ten times more likely to die prematurely than those who have not.”

UNFPA

But even if both mother and child survive, many challenges lie ahead for young children. Childhood mortality is high in the developing world from preventable causes such as pneumonia, diarrhea and malaria.



One organization that is bringing its expertise and experience to addressing the problems of maternal and newborn mortality and morbidity in rural Nepal is this month's *Dining for Women* recipient, **One Heart World-Wide**. **One Heart** is creating a “**Network of Safety**” to improve the lives of women and newborns during pregnancy and childbirth in two remote rural areas of Western Nepal. The **Network of Safety** includes health provider training, health facility improvements and community outreach programs to ensure pregnant women and their newborns have access to necessary care. (To learn more about **One Heart World-Wide**, see the **Program Fact Sheet** for July 2013.)

Note: This **Food for Thought** focuses primarily on infant and child mortality and morbidity. For an in-depth look at the subject of **maternal mortality**, please see **Food for Thought** for the November 2012 **Jungle Mamas** program in Ecuador – <http://bit.ly/1agcTLz>

In January 2013, One Heart World-Wide founder Arlene Samen visited the Jungle Mamas program and began a collaboration to share OHW's **Network of Safety** model with the Achuar villagers. Jungle Mamas and One Heart will work as a team to expand their reach and make sure that no woman or baby dies in childbirth. Samen says, “The warrior strength and vision the Achuar people have for protecting their territory in the Amazon Rainforest reminded me of the warrior-like spirit of the Tibetans.” Read more at <http://www.pachamama.org/news/new-partners-for-jungle-mamas-in-2013>

UN Millennium Development Goals



4 Goal 4: Reduce Child Mortality

Target: *Reduce by two thirds, between 1990 and 2015, the under-five mortality rate*

According to the **UN MDG Report 2012**, considerable progress has been made worldwide in reducing under-five mortality. In the developing world as a whole, the mortality rate declined by 35 percent; from 97 deaths per 1,000 live births in 1990 to 63 in 2010. Even though world population has grown, under-five deaths worldwide fell from more than 12 million in 1990 to 7.6 million in 2010. Sub-Saharan Africa has the highest rate of under-five mortality in the world, with Southern Asia the second highest rate.

But a number of countries in both regions have made substantial progress. Nepal is one of six countries that have recorded a decline of over 60 percent, or more than 4.5 percent a year on average. Nepal's under five mortality rate has decreased from 134.6 in 1990 to 48 in 2011, and the infant mortality rate from 93.5 in 1990 to 34 in 2011.

Three factors significantly improve the likelihood that a child will survive the first five years—living in an urban area, being born into a family in the top 20 percent in income, and especially being born to a mother with a primary education. The areas in which **One Heart World-Wide** works are both rural and poor, with little education for girls.

The Millennium Development Goals (MDGs) are eight international development goals that all 193 United Nations member states have agreed to achieve by the year 2015. The goals are:

1. Eradicating extreme poverty and hunger
2. Achieving universal primary education,
3. Promoting gender equality and empowering women
4. Reducing child mortality rates,
5. Improving maternal health,
6. Combating HIV/AIDS, malaria, and other diseases,
7. Ensuring environmental sustainability, and
8. Developing a global partnership for development.

Each of the eight goals has specific stated targets and dates for achieving those targets.



5 Goal 5: Improve maternal health

Target 5.A: *Reduce by three quarters the maternal mortality index*

According to the **UN MDG Report 2012**, the maternal mortality rate (number of maternal deaths per 100,000 live births) in South Asia for 2010 was 220. Nepal has been very successful with a rate of 170—a major improvement over the rate of 770 in 1990.

Target 5.B: *Achieve universal access to reproductive health*

- **Increase the proportion of women (15-49 years old) attended at least once by skilled health personnel during pregnancy:** Across the world, this figure has been steadily improving. Although Southern Asia lags behind other regions, it has progressed from 53 percent in 1990 to 71 percent in 2010. In Nepal, as noted above, basic care is difficult to access, especially in the rural areas. However, Nepal has made progress, moving from 7.4 percent in 1991 to 36 percent in 2011.
- **Reduce the number of births per 1,000 women aged 15-19:** In Nepal, the birthrate for this age group was 101 in 1990, falling to 81 in 2010. The birthrate for younger girls is not counted. Although marriage is forbidden before age 15, over 34 percent of Nepali brides are under that age.
- **Increase the proportion of women aged 15-49, married or in a union, who are using any method of contraception:** Contraceptive use in Nepal rose from 24.1 percent in 1991 to 49.7 percent in 2011.

- **Antenatal care coverage:** The percentage of Nepali women receiving at least one visit went from 15.4 percent in 1991 to 58.3 percent in 2011. The percentage receiving at least four visits went from 8.8 percent in 1996 to 29.4 percent in 2006.
- **Unmet family planning need:** There has been a slight improvement in Nepal. In 1991, 27.7 percent of women who desired access to family planning methods did not have it. By 2006, the percentage had been reduced to 24.7 percent.

Although our focus is on child mortality and morbidity, the health of the child is inextricably intertwined with the health of the mother. In June 2013, the highly respected British medical journal, **The Lancet**, published a series of papers titled **Maternal and Child Nutrition**. The focus on nutrition is critical, because adequate nutrition is the basis for child health from conception. The following are the key findings from the series:

- Iron and calcium deficiencies contribute substantially to maternal deaths.
- Maternal iron deficiency is associated with babies with low weight (<2500 g – 5 lbs. 8 oz.) at birth.
- Maternal and child under-nutrition and non-stimulating household environments contribute to deficits in children's development, health and productivity in adulthood.
- Maternal overweight and obesity are associated with maternal morbidity, preterm birth and increased infant mortality.
- Fetal growth restriction is associated with maternal short stature and underweight and causes 12 percent of neonatal deaths.
- Stunting prevalence is slowly decreasing globally, but affected at least 165 million children younger than 5 years in 2011; wasting affected at least 52 million children.
- Suboptimum breastfeeding results in more than 800,000 child deaths annually.
- Under-nutrition, including fetal growth restriction, suboptimum breastfeeding, stunting, wasting and deficiencies of vitamin A and zinc, cause 45 percent of child deaths, resulting in 3.1 million deaths annually.
- Prevalence of overweight and obesity is increasing in children younger than 5 years globally and is an important contributor to diabetes and other chronic diseases in adulthood.
- Under-nutrition during pregnancy, affecting fetal growth and the first 2 years of life, is a major determinant of both stunting of height and subsequent obesity and non-communicable diseases in adulthood.

Newborn Mortality:

A newborn is defined as a child from birth to 28 days. One quarter to one half of all newborn deaths occur within the first 24 hours of life, and 75 percent occur in the first week. Each year 3 million newborns die, making up 43 percent of the world's under-5 child deaths.

“At the time of birth, a baby's chance of survival increases significantly with the presence of a skilled birth attendant.”
World Health Organization

An estimated 423,000 babies die each year in South Asia on the day they are born, according to **Save the Children**. Eighty percent of newborn mortality results from the following causes: Premature birth, low birth weight, infections, asphyxia and birth trauma.

Premature birth is by far the leading cause of newborn mortality and the second leading cause of death, after pneumonia, in children under five years. A premature baby is one born alive before the completion of 37 weeks of pregnancy. Every year, more than one in ten babies—about 15 million—are born premature. Over 60 percent of premature births occur in Africa and South Asia, but the ten countries with the highest numbers include Brazil, the

United States, India and Nigeria. It is a global problem, but more readily addressed in countries with easy access to medical care.

Risk factors for premature birth include:

- Adolescent pregnancy - generally resulting from child marriage.
- Lack of family planning so that pregnancies cannot be spaced.
- Unhealthy weight of the mother (underweight or obese).
- Chronic disease such as diabetes.
- Infectious diseases such as HIV.
- Substance abuse.
- Poor psychological health.

Survivors of premature birth may face a lifetime of disabilities, including learning disabilities and hearing and vision problems. They are also more susceptible to health problems in the future.

The other four major causes of newborn mortality are:

- **Low Birth Weight**, with the same risks factors as premature birth.
- **Infections** such as HIV and syphilis.
- **Asphyxia** (known by a variety of terms - birth asphyxia, perinatal asphyxia or intrauterine hypoxia). Asphyxia results when the newborn is deprived of adequate oxygen supply immediately prior to, during or just after delivery. Causes are numerous, but one major cause is fetal growth restriction due to the mother being underweight and small in stature. There isn't enough room in the womb for the child to grow.
- **Birth trauma** - an actual physical injury to the newborn in the birth process.

Gender is another factor in infant and child mortality: Girls have a natural survival advantage in the first four years of life because boys are more susceptible to a variety of health issues. In some countries, primarily India and China, gender is a major cause of newborn and infant mortality because of a strong preference for boys. In China, infant mortality is 24 percent lower for boys. In India, female infant mortality is slightly higher than for boys, but between ages one and five, the mortality for girls is 75 percent higher. The higher incidence of mortality for girls comes in many forms—from infanticide to neglect, starvation, skipping vaccinations, eschewing medical care and domestic violence. In both countries, abortions claim a high percentage of unwanted female fetuses.

Sex Differentials in Childhood Mortality
Population Division, United Nations

Approximately 40 percent of child deaths under age five occur in the first four weeks of life, almost all of them in the developing world. The most fragile babies die in the first week of life. The breast milk produced at the end of pregnancy (colostrum) is recommended by the World Health Organization as the perfect food for the newborn, and feeding should be initiated within the first hour after birth. Suboptimum breastfeeding, together with fetal growth restriction, cause more than 1.3 million deaths, or 19.4 percent of all deaths of children younger than 5 years.

According to WHO and UNICEF, 30 to 60 percent of these deaths in the first four weeks could be prevented with effective postnatal care beginning shortly after birth. This would mean that appropriately trained personnel start home visits immediately, enabling the care provider to catch problems early with the newborn's health (infections, insufficient warmth, etc.) and with the mother (such as difficulty nursing). Timely intervention can solve problems before they do irreparable harm.

Our Dining for Women recipient, **One Heart World-Wide**, follows all the recommended pre- and postnatal protocols - including attending to the nutritional needs of the mother during pregnancy - bringing best practices in maternal and newborn care to women in the remote districts of Baglung and Dolpa in Nepal.

Child Mortality

Child mortality is generally defined as the death of a child under five years old. Globally, more than a third of under-five deaths are attributable to under-nutrition. A child who is undernourished has a weakened immune system and is more susceptible to health risks. Children in the developing world are subject to additional health challenges, such as poor hygiene and repeated, prolonged exposure to indoor smoke from cooking fires.

Stunting

Chronic under-nutrition during crucial periods of growth results in stunting - an irreversible condition that affects both body and brain. Stunting is defined as inadequate length/height for the child's age.

The most crucial time for adequate nutrition is the first 1,000 days, which covers pregnancy and the first two years of life. Therefore the mother's nutrition and health status are critical to her child's future.

"You really can't address stunting unless you clean up the sanitary environment. It doesn't matter how much extra food you try to stick into kids or how much dietary supplements you give them, it will all just go through them."

Clarissa Brocklehurst, Former Chief of Water, Sanitation and Hygiene for UNICEF, speaking about Indian children.



Stunting keeps children from performing well in school and leaves them susceptible to other health threats. According to UNICEF, about one in four children under age five is stunted.

Adequate nutrition is especially important for girls, since childbearing starts early in the developing world. Adequately nourished young mothers give their children a better start in life and break the cycle of stunting that holds children back from achieving their potential and pulling themselves and their families out of poverty.

Major Causes of Child Mortality (World Health Organization):

- **Pneumonia** (18 percent) kills an estimated 1.2 million children under the age of five years every year – more than AIDS, malaria and tuberculosis combined. Although pneumonia is spread by virus or bacteria, there are environmental factors that weaken the child, including indoor air pollution caused by cooking and heating with biomass fuels (such as wood or dung), living in crowded homes and parental smoking. Nearly 50 percent of pneumonia deaths among children under five are due to particulate matter inhaled from indoor air pollution.
- **Premature birth complications** (14 percent).
- **Diarrhea** (11 percent) kills around 760,000 children under five and is the leading cause of malnutrition for children under five. Safe drinking water, adequate sanitation and hygiene would prevent most cases.
- **Complications during birth** (nine percent).
- **Malaria** (seven percent). In 2010, malaria caused an estimated 660,000 deaths (with an uncertainty range of 490,000 to 836,000), mostly among African children. In Africa, a child dies every minute from malaria.

The necessary knowledge, tools and interventions that could significantly reduce the incidence of death of infants and young children are relatively inexpensive. The cost to a country to ensure adequate nutrition for families and children would be easily recovered by the increased productivity of the population. Genuine development depends on the nurturing of human potential. But it takes resources and political will, as we can see in Nepal, to create and maintain the infrastructure for delivery of services. What is needed is the will to make those solutions a priority, particularly among the poor populations in the rural areas. As **Save the Children** puts it, in the Foreword to **Surviving the First Day**:

“Saving newborn lives will prevent incalculable suffering. It is also a vital piece of the global development agenda. The long-term economic prospects of poor countries depend on investments in the health, nutrition and education of the people, particularly the women and young children living there. Children surviving and staying healthy means more children in school and able to learn, which in turn means productive adults who can drive sustained economic growth.”

Discussion Questions

1. Were you, your parents, or your grandparents young children before the availability of a polio vaccine? If so, you or your family members may remember going to school with children in braces, and swimming pools closed in the summer to prevent the spread of the crippling disease. What do you remember about that time, or what have family members shared?
2. Have you ever seen a seriously malnourished child? When and where? What was your reaction?
3. Do you have family members or friends who have suffered the tragedy of losing a child? How did that affect you? What do you recall from that experience?

Our special thanks to Donna Shaver, Author, DFW “*Food for Thought*” July 2013

Source Materials

- **Born Too Soon: The Global Action Report on Preterm Birth.** March of Dimes, The Partnership for Maternal, Newborn & Child Health, Save the Children, World Health Organization. 2012. http://www.who.int/maternal_child_adolescent/documents/born_too_soon/en/
- "Children: reducing mortality". Fact sheet No. 178. Media centre, **World Health Organization**. September 2012. <http://www.who.int/mediacentre/factsheets/fs178/en/index.html>
- "Diarrheal disease". Fact sheet No 330. Media Centre, **World Health Organization**. April 2013. <http://www.who.int/mediacentre/factsheets/fs330/en/index.html>
- "Giving birth should not be a matter of life and death". UNFPA. (no date) http://www.unfpa.org/sowmy/docs/maternal_health_fact_sheet_eng.pdf
- "Home visits for the newborn child: a strategy to improve survival". WHO/UNICEF Joint Statement. **WHO**. 2009. http://www.unicef.org/health/files/WHO_FCH_CAH_09.02_eng.pdf
- **Improving Child Nutrition: The achievable imperative for global progress.** UNICEF. April 2013. http://www.unicef.org/publications/index_68661.html
- "Indoor air pollution and health". Fact sheet No. 292. <http://www.who.int/mediacentre/factsheets/fs292/en/index.html>. September 2011. <http://www.who.int/mediacentre/factsheets/fs292/en/index.html>
- "Malaria". Fact sheet No. 94. Media Centre, **World Health Organization**. March 2013. <http://www.who.int/mediacentre/factsheets/fs094/en/>
- "Maternal and child nutrition: Executive Summary of **The Lancet** Maternal and Child Nutrition Series." **The Lancet**. Link to the Executive Summary from this page: <http://www.thelancet.com/series/maternal-and-child-nutrition> *
- "Maternal and child undernutrition and overweight in low-income and middle-income countries." Multiple authors. **The Lancet** (early online publication), June 5, 2013. <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2960937-X/fulltext> *
- **Millennium Development Goals Indicators.** United Nations. <http://mdgs.un.org/unsd/mdg/Default.aspx>
- **The Millennium Development Goals Report 2012.** United Nations.
- Narayan Adi. "Extra Food Means Nothing to Stunted Kids With Bad Water: Health". **BloombergBusinessweek**. June 12, 2013. <http://www.businessweek.com/news/2013-06-12/extra-food-means-nothing-to-stunted-kids-with-bad-water-health>
- "Nepal: The hidden costs of early marriage." **IRIN humanitarian news and analysis**. June 15, 2012. <http://www.irinnews.org/report/95654/nepal-the-hidden-costs-of-early-marriage>
- "Newborns: reducing mortality". Fact sheet No. 333. Media centre, **World Health Organization**. May 2012. <http://www.who.int/mediacentre/factsheets/fs333/en/index.html>
- "Pneumonia". Fact sheet No. 331. Media Centre, **World Health Organization**. April 2013. <http://www.who.int/mediacentre/factsheets/fs363/en/>
- "Preterm birth". Fact sheet No. 363. Media Centre, **World Health Organization**. November 2012. <http://www.who.int/mediacentre/factsheets/fs363/en/>
- **Sex Differentials in Childhood Mortality.** Dept. of Social and Economic Affairs, Population Division. **United Nations**. 2011. <http://www.un.org/esa/population/publications/SexDifChildMort/SexDifferentialsChildhoodMortality.pdf>
- **Surviving the First Day: State of the World's Mothers 2013.** Save the Children. May 2013. http://www.savethechildrenweb.org/SOWM-2013/files/assets/common/downloads/State_of_the_WorldOWM-2013.pdf

* The Executive Summary and articles in the **Maternal and Child Nutrition** series can be downloaded from **TheLancet.com**. The user is required to create a password, but access is free.

Featured Program

One Heart World-Wide – Implementing a Network of Safety around Mothers and Newborns in Western Nepal

Every day twelve Nepali women die in childbirth, nearly half of them needlessly bleeding to death. And even when a new mother does survive, odds are that her baby will not. **Every day, 75 Nepali infants take their final breath**, most of them less than a day after birth.

In the remote rural districts of Baglung and Dolpa, an average 11,000 births occur annually. Almost all (90 percent) babies are born at home. The poorest families have no access to prenatal care or any Skilled Birth Attendant (SBA) to help them through the delivery.

A \$50,000 grant from DFW will help One Heart World-Wide expand their successful Network of Safety program to these two rural areas. This successful program includes health provider training, health facility improvements, and community outreach programs to ensure pregnant women and their newborns have access to necessary care. One Heart provides community educational visits, vitamin supplements, birthing kits, and cell phones for emergency labor situations.

One Heart operated their Network of Safety program in Tibet for ten years, saving thousands of mothers' and babies' lives. DFW supported their work through three previous grants, totaling \$31,712 over three years.

<http://www.diningforwomen.org/oneheart2013>

A New Development

In January 2013, One Heart World-Wide's founder Arlene Samen visited the Jungle Mamas program (our Featured Program in November 2012) and began a collaboration to share One Heart's Network of Safety model with the Achuar villagers. Jungle Mamas and One Heart will work together to expand their reach and make sure that no woman or baby dies in childbirth. Samen says, "The warrior strength and vision the Achuar people have for protecting their territory in the Amazon Rainforest reminded me of the warrior-like spirit of the Tibetans I worked with." Read more at <http://www.pachamama.org/news/new-partners-for-jungle-mamas-in-2013>

IMPACT!

The **Final Report** from **Prevention International: No Cervical Cancer (PINCC)** is available on their DFW program page - <http://bit.ly/16OUvWW> . Please share their heart-felt note with your chapter:

"Because of DFW's generous donors, PINCC has empowered a network of doctors and nurses who were overwhelmed with the task of screening and preventing cervical cancer. By teaching a cost- and time-efficient, single-visit method of finding and eliminating the cancer in its pre-invasive stages, we gave them the tools to save thousands of lives.

"We wish each of you could see the relief and gratitude in women's faces as they leave knowing they are safe from this terrible disease. If you could see the pride and joy of the medical staff, who now have the tools to help their communities, you would know how important DFW's contribution is.

Your caring has made such a difference for the women and families of El Salvador!"

Note: All of PINCC's employees, the Executive Director, and Development Director reflect the organization's commitment to women's empowerment and diversity, as they are all women, of diverse ethnic origins, ages and sexual orientations. Its Board of Directors is the same, consisting of 10 women and 2 men.

IMPACT!

You'll find a wonderful **Interim Report** from **Children of Vietnam** on their DFW program page - <http://bit.ly/16OUGBQ> . Last May we funded their program to help impoverished single mothers build sustainable lives ("Empowering Foundations for Women and their Children"). Excerpt: An important component of their work is advocacy – making sure the women understand the government benefits to which they are entitled.

"When invited to have a health check all of the women refused. They worried that if there was any problem they would not have money for treatment. They would rather not know than to have the stress of knowing and not being able to afford appropriate care. We explained that they have free insurance because of their poor status. This fact was completely unknown to them." - Tram Doung Thi Minh, EFWC Program Coordinator

We're so glad you asked! (Questions submitted on Meeting Evaluation Forms may be answered here.)

"Why don't you post the list of speakers for the featured program online anymore?" Speakers are generally volunteers and board members who do not wish to share their contact information with the public. However, they are willing to be contacted by DFW leaders. Contact lists for speakers are sent to Chapter Leaders through their Regional Leaders as soon as they are available. July through October speaker lists have been distributed to Regional Leaders.

"When do the members get to select a program?" Since donations fluctuate from month to month, the DFW Board of Directors has established a Grant Reserve Policy to ensure the stability of DFW's future grant funding obligations and to provide a source of internal funds to meet those obligations (in part or in full) should an unplanned shortage or loss in funding occur for a given program month. In months when donations exceed the grant requests of the Featured and Sustained Programs, the excess funds are deposited into the Grant Reserve Fund. If donations in any given month fall short of our projections, the Grant Reserve Fund may cover the shortfall. The board established a goal for the reserve fund balance, and when that goal is reached we will begin to accumulate the \$25,000 to \$30,000 to fund a Member's Choice program. At present we have accumulated less than a quarter of the reserve fund goal. For more information about our Expanded Funding Model, visit www.diningforwomen.org/faq#n2839

Meeting Ideas – You can share YOUR ideas through the Online Meeting Evaluation Form on each Program page.

- Betty Purkey-Huck, chapter leader in Sedalia, CO posed this question to her members and says that a lively discussion followed - "What is the issue that most inspires you to be involved with DFW?"
- If you don't have access to a speaker from the month's featured program, call an ethnic restaurant or a local college to see whether they know speakers from the country of origin. "You'd be surprised how receptive folks are once you describe the organization and what we are doing. I've had restaurant owners put me in touch with amazing native speakers," says Cari Class, the Santa Cruz chapter leader who shared this idea in her presentation at the 10th Anniversary Celebration.

2012 Program Grants - Grand Total - \$685,266

2013 Program Grant Totals

\$50,000 to **Heshima Kenya** – January Featured (over 2 years)

\$15,000 to **The Boma Project** – January Sustained

\$50,000 to **Midwives for Haiti** – February Featured

\$15,000 to **Matrichaya** – February Sustained

Grants are awarded after all donations for the month have been received and processed which takes 90-120 days.

Chapter leaders can help reduce this processing time!
Please mail your donations within five days of your meeting.

420 Active Chapters

Our Mission

Dining for Women's mission is to empower women and girls living in extreme poverty by funding programs that foster good health, education, and economic self-sufficiency and to cultivate educational giving circles that inspire individuals to make a positive difference through the power of collective giving.

Our Vision

Our vision is to create a new paradigm for giving – collective giving on an immense scale while maintaining the intimacy of small groups with a focus on education and engaged giving.